

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

## FOR OFFICE USE ONLY

Postmark Date: 02/10/05

REG. 2005

J# 5034

\$110.00 WTS

2005 FEB 16 PM 12:48

ETHICS REGISTRATION  
CAMPAIGN FINANCE  
RECEIVED

1. NAME Williams Pamela P.  
Last First MI

2. BUSINESSPHONE (225) 201-0999  
Area Code and Phone Number

3. BUSINESS ADDRESS 855 North Leighton Baton Rouge, LA 70806  
Street and No. City State Zip

MAILING ADDRESS 855 N. Leighton Dr. Baton Rouge, LA 70806  
Street and No. City State Zip

4. EMPLOYER Insure Success, LLC

5. EMPLOYER'S ADDRESS 855 N. Leighton Dr. Baton Rouge, LA 70806  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Insure Success, LLC

Address 855 N. Leighton Dr. Baton Rouge, LA 70806

Business or purpose Insurance Consulting Services

Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

HAND DELIVERED

# LOBBYING REGISTRATION FORM



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

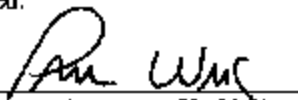
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist

